PATENT APPLICATION FEE DETERMINATION RECO								ord MFOP 81824				
		CI		AS FILE	D - PART	1		SMALI	ENTITY			R THAN
TOTAL CLAIMS			T	(Column 1)		umn 2)	TYPE			R. SMAL	LENTITY	
FOR				NUM	SER FILED	NI AL	BER EXTRA	BASIC		_	RATE	FEE
TOTAL CHARGEABLE CLAIMS				minus 20=			-			BASIC FE	₹ 710.00	
NDEPENDENT CLAIMS				9	minus 3 =			X\$ 9	-	OF	X\$18=	ļ
MULTIPLE DEPENDENT CLAIM P				PRESENT				X40		_OR	X80=	400
If the difference in column 1 is i				le loce that	loce than some contact			+135	-	OR	+270=	
CLAIMS AS AMEN					•			TOTA		OR	TOTAL	1110
(Column 1)					(Column 2) (Column 3)			SMAL	LENTTY	OR		THAN ENTITY
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Total	4	•		Minus	••		•	X\$ 9=		OR	X\$18=	FEE
indeper		•	<u> </u>	Minus	PENDENT C		8	X40=		OR	X80=	

* If the entry in column 1 is lose than th entry in column 2, writ. "O' in column 3.

** If the "Highest Number Previously Peid For' IN THIS SPACE is I as than 20, enter "20."

***The "Highest Number Previously Peid For' IN THIS SPACE is less than 20, enter "20."

***The "Highest Number Previously Peid For' IN THIS SPACE is less than 3., into "3."

***The "Highest Number Previously Peid For' (Total or Indep Indentit) is the highest number tound in the appropriate box in column 1.

+135e OR +270= OR ADDIT. FEE

FORM PTO-678 (Flox. 800)

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE *U.S. GPO: 2000-460-706/20120